

YOUR NO HANDS® MASSAGE FEEDBACK FORM

Thank you for filling in this feedback form - your feedback at any time will be treated in the strictest confidence by our customer care team. Use reverse of form whenever necessary.

1) Please begin by scoring your experience of NO HANDS Massage (circle correct score):

1	2	3	4	5
Very Poor	Poor	OK	Good	Very Good

2) Please use this space to add any further feedback – we appreciate both positive and negative:

3) How could your experience of NO HANDS have been improved?

4) What was the name of your practitioner? _____

5) Our customer care team must be able to verify the authenticity of any feedback given whether positive or negative. Your practitioner will **not be informed of your identity. Please give your contact details below:**

Name:

Address:

Phone:

Email:

6) Would you be happy for a member of our customer care team to contact you (in strictest confidence) to discuss your feedback further? **Yes / No (circle)**

7) Would you like to be sent occasional information about Massage and other related health issues by The NO HANDS Massage Company Ltd? **Yes / No (circle)**

Please post to: Customer Care, NO HANDS Massage, PO Box 57, Hebden Bridge, W Yorks HX7 6WW